

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10:04

DOCUMENT # 710208 (0)
1. Corporation Name

HAVEN HOUSE NO. 5 INC. A CONDOMINIUM

Principal Place of Business Mailing Address
1450 NORTHEAST 36TH POMPANO BEACH FL 33064 1450 NORTHEAST 36TH POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1966	3a. Date of Last Report 03/10/1994
4. FEI Number 59-1154780	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 #	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 #	Country 30
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9. Name and Address of Current Registered Agent

ROBINSON, DELIA
1450 NE 36TH ST
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDLIE, JOHN	12 NAME	
STREET ADDRESS	1450 NE 36 ST. #107	13 STREET ADDRESS	
CITY - ST - ZIP	POMPANO, FL 00000	14 CITY - ST - ZIP	
TITLE	DST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDoux, LUCILLE	22 NAME	
STREET ADDRESS	1450 NE 36 ST. #305	23 STREET ADDRESS	
CITY - ST - ZIP	POMPANO, FL 00000	24 CITY - ST - ZIP	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DELIA	32 NAME	
STREET ADDRESS	1450 NE 36 ST. #312	33 STREET ADDRESS	
CITY - ST - ZIP	POMPANO, FL 00000	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES	42 NAME	
STREET ADDRESS	1450 NE 36TH ST. #309	43 STREET ADDRESS	
CITY - ST - ZIP	POMPANO, FL 33064	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD SHOAF	52 NAME	
STREET ADDRESS	1450 NE 36 ST., #204	53 STREET ADDRESS	
CITY - ST - ZIP	POMPANO, FL 33004	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

REMITTED BY MAY 1

SIGNATURE:

Delia Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27

941-3079